



Nova Scotia

ANNUAL REPORT 126

*for the fiscal year
ending March 31, 1984*

Nova Scotia
Hospital

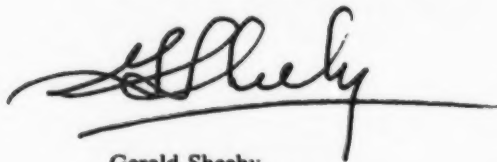


The Honourable Alan R. Abraham, C.D.
Lieutenant-Governor of Nova Scotia

To His Honour:

I have the honour respectfully to submit herewith the one hundred and twenty-sixth Annual Report of the Nova Scotia Hospital.

I have the honour to be
Your obedient servant,

A handwritten signature in dark ink, appearing to read 'G. Sheehy', with a long horizontal line extending to the right from the end of the signature.

Gerald Sheehy
Minister of Health

April 1984

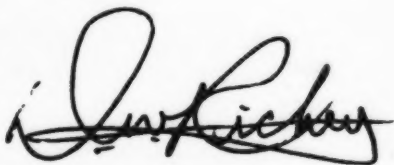


**To The Honourable Gerald Sheehy
Minister of Health
Province of Nova Scotia**

Sir:

**I have the honour to transmit herewith the one hundred and twenty-sixth
Annual Report of the Nova Scotia Hospital.**

Yours truly,

A handwritten signature in black ink, appearing to read "David W. Richey". The signature is fluid and cursive, with a large loop at the beginning and a long, sweeping underline.

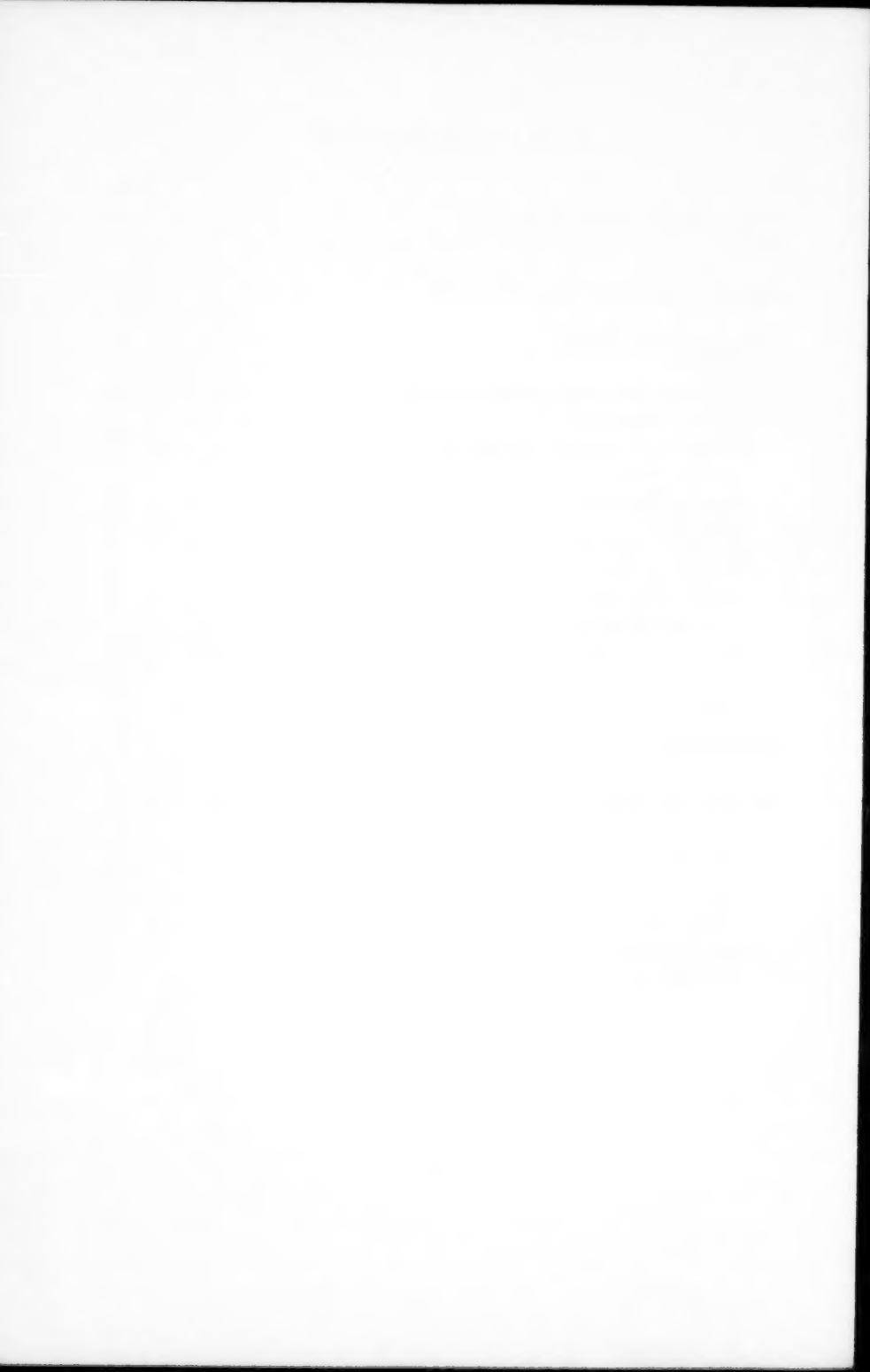
**David W. Richey
Chairman
Board of Management**

**Dartmouth
March 31, 1984**



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BOARD OF MANAGEMENT

Chairman
Vice-Chairman
Members

D. Richey
D. Tanton
D. Ardley
M. Conrod (Mrs.)
O. Henderson
B. Hetherington, Jr.
C. H. Kydd
P. Murray (Mrs.)
K. O'Hearn
L. Peters
D. West
G. Thomson

ADMINISTRATIVE STAFF

Nova Scotia Hospital
(at March 31, 1984)

Administrator
Medical Director

Mr. Frank Chalmers
Dr. Harry Poulos

Department of Psychiatry

Chief of Service, Psychiatry (North Unit)
Chief of Service, Psychiatry (South Unit)
Director of Children's Services
Director of Forensic Services
Director of Community Services
Director of Adolescent Services
Director of Out-Patient Department
Director of Psychogeriatric Services
Senior Psychiatrist
Senior Psychiatrist
Senior Psychiatrist
Senior Psychiatrist
Staff Psychiatrist
Staff Psychiatrist
Staff Psychiatrist
Staff Psychiatrist
Staff Psychiatrist

Dr. S. Akhtar
Dr. W. Wood
Dr. I. DeCoutere
Dr. S. Akhtar
Dr. L. Buffett
Dr. K. Ahmad
Dr. L. Holland
Dr. N. Allison
Dr. J. V. O'Brien
Dr. J. Curtis
Dr. M. Singh
Dr. D. Stacey
Dr. A. Bhattacharyya
Dr. E. P. B. Aquino
Dr. M. Tomlinson
Dr. S. Villacastin
Dr. S. Yoon

Department of Medicine
Chief of Medicine

Dr. D. Weir

Staff Physician	Dr. S. Abraham
Staff Physician	Dr. L. Johnston
Staff Physician	Dr. P. Newman
Staff Physician	Dr. H. Ruparelia
Staff Physician	Dr. G. Worthylake

Heads of Departments and Sub-Departments

Director of Nursing	Mrs. G. Webber
Assistant Director of Nursing	Mrs. A. MacGuire
Assistant Director of Nursing	Mrs. V. Williams
Co-ordinator of Youth Services	Mr. A. James
Staffing Co-ordinator (Nursing)	Mr. L. Hardy
Director of Nursing Education	Mrs. T. Blaikie
Director of Staff Development	Mrs. J. Clancey
Director of Social Services	Mrs. W. Milne
Director of Psychological Services	Dr. P. Shackleton
Administrative Assistant	Mr. M. Townsend
Manager of Accounting	Mr. D. Woods
Maintenance Manager	Mr. D. MacIntyre
Director of Dietetics	Mrs. J. Jenkins
Director of Motivational Therapy	Mrs. M. Spindler
Supervisor of Volunteer and P.R. Services	Ms. M. C. LeVatte
Chief Medical Record Librarian	Ms. D. Calder
Director, Central Laundry Services	Mr. C. Ebel
Co-ordinator of Educational Services	Mr. P. Giroux
Personnel Manager	Mrs. E. Hill
Chief Pharmacist	Mr. G. Moulton

CONSULTANT STAFF

Neurology and Encephalography	Dr. H. N. A. MacDonald
E.N.T.	Dr. R. S. Murphy
Ophthalmology	Dr. M. Humayun
Medicine	Dr. C. Young
Medicine	Dr. O. Haynes
Radiology	Dr. I. M. MacLeod
Surgery	Dr. B. J. Steele
Dentistry	Dr. C. W. Curry
Dentistry	Dr. H. L. Sable
Dentistry	Dr. R. Conter
Obstetrics and Gynecology	Dr. D. Johnston
Pediatrics	Dr. U. Weste
Pathology	Dr. I. Maxwell

Anaesthesiology
Urology

Dr. S. Sun
Dr. S. H. Yoon

CONSULTANT STAFF IN PSYCHIATRIC TEACHING

Dr. J. F. Nicholson
Dr. R. O. Jones
Dr. S. Hirsch
Dr. P. Flynn
Dr. A. Munro

CHAPLAINCY SERVICE

Protestant
Roman Catholic

Rev. D. Earle
Sister Mary Delaney



REPORT OF THE CHAIRMAN OF THE BOARD

During this fiscal year I began my second three-year term as a member of the Board of Management of the Nova Scotia Hospital. One cannot help reflecting upon the changes in the Board and administration since my first meeting in February 1980.

When it became apparent to us that the hospital had existed for 125 years without bylaws, the first committee of the Board was struck to oversee the development of bylaws for the hospital. We now have fully functioning committees on finance, patient care, personnel and public relations, and planning.

The bylaws are nearing completion, and will be presented to the Minister before the end of the 1984-85 fiscal year for approval. In addition to the Administrator, each committee meeting is attended by appropriate representatives of senior staff, whose invaluable assistance and guidance are greatly appreciated by the Board. I, too, am personally grateful to the Board members for their interest and hard work, which have made my duties as Chairman so enjoyable.

The summer of 1983 was highlighted by our 125th Anniversary celebrations. We were especially gratified by the representation from the municipal and provincial governments at the various functions, and welcomed many former staff members and graduates from our nursing education programs to a reunion as part of the festivities. The anniversary theme, "From Hope to Reality: 125 Years of Progress", accurately captures the improvements in the care of the mentally ill offered by this hospital. The sense of pride justifiably felt by our staff in the importance of their work is enhanced by optimism for the future. At year's end, planning continued for a 100-bed Extended Care Unit, to be erected on the site of the former Centre Building, which was demolished in 1980. As the provincial psychiatric referral centre, providing the full range of diagnostic and treatment programs for its catchment area and the province, the Nova Scotia Hospital maintained its status in the delivery of mental health care in the Atlantic Provinces.

The year also saw the retirement of Victor Simpson as Administrator, after sixteen years of distinguished service to the hospital and the province. The Board was very appreciative of the efforts of Dr. Harry Poulos, Acting Administrator, and other senior staff, who administered the hospital while the position was vacant. After a diligent search for a replacement, a candidate with outstanding qualifications was offered the position, and at year's end Frank Chalmers took the helm, holding out great promise for the course to be charted for the hospital in the year to come.

REPORT OF THE ADMINISTRATOR

This year marked the retirement in September 1983 of Mr. Victor F. Simpson, Administrator. During his 16 years as Administrator Mr. Simpson oversaw many positive changes at the Nova Scotia Hospital and developed good working relationships both internally and externally. Mr. Simpson will be missed by his many colleagues and friends.

During the period of recruitment for a new administrator, Dr. Harry Poulos filled the position on an acting basis and did an excellent job of maintaining the hospital's high level of operation. In December 1983 the Board of Management appointed Mr. Frank Chalmers as the new Administrator, and he assumed his duties in March 1984.

The year 1983 also marked 125 years of service provided by the Nova Scotia Hospital. To celebrate this noteworthy achievement, a week of activities was held, including the raising of a commemorative flag; opening ceremonies with government representatives; open house tours; barbeque; games; sales and dances for patients, staff, and visitors; a staff home-coming party; a picnic; and an ecumenical service with music by a specially formed staff choral choir. In honor of the event the Mayor of Dartmouth pronounced the week of June 27 - July 3, 1983, as the Nova Scotia Hospital Week.

During 1983/84 the hospital lived within its budget allocation by practicing restraint at all levels.

Further details of the hospital operation follow in the various departmental reports.

Administration and General Services

The hoped-for expansions in our computerized services had to be put on hold due to staff shortages, with the exception of the addition of a computerized patient trust fund system. The Accounting Department provided work experience for three students, one from the Bachelor of Business Administration Program at Mount St. Vincent University, and two from the Business Administration Technology Course at the Dartmouth Regional Vocational School. The report of our annual audit by the Auditor General contained no recommendations.

The Personnel and Payroll Section placed more emphasis on training and information workshops by the Civil Service Commission and the Department of Finance, with workshops being made available to both management and staff. The past year also has seen an increase in the number of work

experience students in cooperation with various educational facilities. The year was highlighted by the Civil Service Commission's project involving review of the current classification system for bargaining unit employees. The reviewing and updating of position descriptions is to be finalized by February 1985.

The Maintenance Department's preventative maintenance program was effectively administered and, as well, many projects involving considerable renovation, painting, carpentry and (in conjunction with Government Services Staff) some structural alterations were carried out. Of major significance was the installation of a complete sprinkler and smoke detection system in the Nurses' Residence along with a complete sprinkler system, smoke detection system and fire alarm system in the South Unit.

In the power plant all the boilers were cleaned and inspected. This year, 5,190,536 litres of Bunker C oil were purchased, producing 84,103,320 kilograms of steam, much of which supplied the needs of the Dartmouth General Hospital, the Metro Drug Dependency Centre, and Central Laundry Service.

The grounds were well maintained throughout the year, with many beautiful plant and flower displays developed around the complex that did much to enhance the external environment.

The Central Laundry, with a staff complement of 54.5 FTE, processed over 1,496,800 kilograms of laundry, providing a complete laundry and linen service to 12 hospitals and agencies. The Executive Committee, with representatives from the User Institutions, has remained active, reviewing policy and budgets, and making recommendations relating to system improvement.

The Housekeeping Department began the fiscal year with a staff complement of 73 and has maintained this reduced number throughout the year. The Chief Housekeeper and her staff have maintained high standards of cleanliness and sanitation, cooperating well with other hospital departments, particularly those for whom housekeeping services are essential. During the year, housekeeping staff assisted Main Stores, Purchasing, Staff Development, the Central Laundry, and the Post Office with special projects through times of staffing shortages. During the sprinkler, smoke detector, and fire alarm system implementations, the Housekeeping Department worked extended hours to minimize the disruption to the Nursing Units and to allow quick relocation of patients and staff. In appreciation of this service the Board of Management held a special luncheon to thank the Department. As usual, the Department made large donations to the Patients' Christmas Fund through raffles and other fund raising means and, again, Housekeeping

received a plaque from the United Appeal Campaign for their financial support.

The Main Stores service was slightly reorganized to allow full coverage from 0800-1630 daily with no additional staff. Stationery items were added to the computerized inventory so they could be charged to end users. Many surgical supplies that were decentralized were returned to Main Stores control and are now costed to end users. Some success was achieved in finding alternative uses for dead stock.

Office Services is still having problems with our obsolete telephone system. It is hoped that plans for the proposed Extended Care Unit will soon alleviate this situation, through incorporation of a new telephone system.

The Health Sciences Library continues to provide comprehensive material for staff and patients. Over the year a total of 2,223 books were donated from various service clubs and individuals.

The Printing Room purchased a new offset duplicator which should alleviate the problems associated with increased demand for this service.

Dietary Department

A major goal within the department was to upgrade the menu to provide optimum quality meals and much was accomplished towards achievement of this goal.

A major effort was made to set the statistical data in a format that will adapt easily to computerization. In large part, due to the interest at the Nova Scotia Hospital, a committee consisting of dietary representatives from across the province meet routinely with Department of Health representatives. The objective of the committee is to collaborate on specifications for a computer software program to service all hospitals in Nova Scotia with consistent formats for data collections and information production in food services.

Initial steps were taken to establish a quality assurance program for the department.

Two food service supervisors and one cook were enrolled in an apprenticeship training course during the year.

Dietary continues to provide field training and affiliation placements to university students in Home Economics, Food Service Supervision Training, and Dietetic Internship.

Motivational Therapy Department

The activities of the Occupation Therapy section of the department were severely limited due to the variability of staffing and the major problems experienced in filling vacancies. Of the eight occupational therapists on staff on March 31, 1983, seven resigned; however, appointments during 1983 brought the complement back to 3.8, which is extremely limiting, in terms of services that can be provided.

A study by the Director of the department indicated that the staff were being overwhelmed with the breadth and nature of their assigned duties.

To alleviate the problem, steps are being taken towards anticipated expansion in the quota for occupational therapists so that more realistic workloads can be assigned.

During the year a total of 800 patient referrals were accepted for a total of 543,357 weighted units.

Nine occupational therapy students were placed in the department for formal clinical fieldwork experience. These placements varied from four to eight weeks. Eight additional students gained their initial clinical experience through brief shadowing experiences.

In addition to the provision of required clinical fieldwork placements, occupational therapists within the department were actively involved in the School of Occupational Therapy at Dalhousie University by presenting lectures, serving on the Admissions Committee, and further developing preceptorship skills through workshop involvement. The role of the clinical therapist as a supervisor of research undertaken by students received considerable attention this year.

The department was pleased to receive a five-year accreditation as a student training facility by the Canadian Association of Occupational Therapists.

As well as being actively involved in the undertakings of various hospital committees, members of the department were active in the professional community. The Supervisor of Occupational Therapy completed a two-year term as the Nova Scotia member of the Board of Directors of the Canadian Association of Occupational Therapists. Committee chairmanship and membership in the Canadian Association of Occupational Therapists were also undertaken by staff members as were Board membership and Executive responsibilities with the Nova Scotia Association of Occupational Therapists and the Nova Scotia Society of Occupational Therapists.

The Recreation section of the department reviewed and evaluated all programs with various indicated alterations being introduced. These included the development of programming on four seasonal or sessional periods, revision of statistical systems, the design of a pilot program specifically for extended stay patients, the introduction of a method of reducing program cancellations due to non-recreational use of recreation facilities, and introduction of new programs, e.g. a Terry Fox Run.

Leadership was again provided in the operation of Camp Victoria, the Hospital's camping facility near Lake Echo. The camping program, which provided an extension to patient treatment programs, was in operation for a nine-week period. The program coordinator responsibilities were undertaken, on the basis of one-half season each by two recreation staff members.

Through the generous donation of a video cassette recorder and viewer by a local service club, more current movies have been available, and more frequently, for patient viewing.

In addition to programs for patients, the recreation facilities have been utilized by other individuals and organizations through the Staff Recreation Club. Noontime swims for staff of the hospital and associated agencies have been organized. Bookings for selected groups of disabled individuals and various community youth groups have been arranged. Rental arrangements of these facilities have been made with the Dartmouth Parks and Recreation Department and the Metro Drug Dependency Centre.

Nursing Service

The duties of the two Assistant Directors and one Youth Coordinator were reorganized. Each is now responsible for a specific management function; i.e. clinical, quality assurance and administration. This structural change resulted in major changes in nursing management.

A major nursing focus during the year was quality assurance, with the Quality Assurance Committee busy organizing the Nursing Quality Assurance Program. Nursing will also assist in the hospital-wide Quality Assurance Program soon to be implemented.

The Nursing Advisory Committee reviewed and/or revised all nursing procedures.

Nursing Administration reviewed and updated nursing administrative policies, philosophy and objectives.

The Nursing Staffing Coordinator continued to have success with the Employee Counselling Program for absenteeism with a decrease in absenteeism from 7% to 4.9%.

The twelve-week basic psychiatric nursing program continued to be successful. The Clinical Supervisors provided a five-week course on care planning for head nurses who will in turn teach their staff the procedure.

Each nursing unit was surveyed at least twice through the Mini-Survey Audits which were expanded to include environmental, chart, and patient satisfaction audits.

This was the first year that the Head Nurses were totally responsible for controlling unit expenditures. Only one unit over-spent the budget but this was justifiable as the unit operated between a 109 and 129% occupancy rate for the entire year.

The ratio of registered nurses to non-professional staff increased; however, eleven registered nurse positions will continue to be filled by ten psychiatric nursing attendants and one certified nursing assistant until they can be changed over through attrition.

The staff of the Nursing Service Department provided consultative and educational services to other community agencies and hospitals in the areas of budgeting, care planning, mini-survey, quality assurance, research, care of long-term patients, care of the mentally ill, and care of the mentally retarded.

Nursing care demands were extremely heavy on the Adult General Service Units and Forensic Units due to high occupancy, admission and discharge rates. Nursing care was again prioritized to provide a high quality of basic care, focusing on safety and security needs. It was, however, necessary to reduce the time allotted for one-to-one counselling sessions.

Registered Nurses assumed the function of administering medications in October 1983. Certified Nursing Assistants and Developmental Workers will now concentrate on other aspects of patient care and deserve a vote of thanks for performing the administering of medications when Registered Nurses were not readily available.

Three Registered Nurses and three Certified Nursing Assistants received their diploma in Post-Graduate Psychiatric Nursing. Three Head Nurses successfully completed the Nursing Unit Administration course. Sixty nursing staff members were able to attend a total of 26 conferences and workshops, both in and out of the province. Topics such as management,

gerontology, pharmacology, trends in mental health services, sexuality and legal issues were included in these sessions.

Many members of the nursing staff continue to be involved in community presentations, and on Boards and Committees, directly or indirectly related to Mental Health.

Nursing Education

This department continued its psychiatric programs. Over 190 student nurses completed courses ranging from three to five weeks. Nine graduate nurses followed a five-week program in psychiatric theory and clinical experience. This hospital provided eight days clinical experience for 158 student nurses (with instructors) from the Victoria General Hospital School of Nursing, and three-weeks clinical experience for eight nursing students from Dalhousie University and 22 students from St. Francis Xavier University. Similarly 85 C.N.A.'s from the Dartmouth Vocational School received two weeks of clinical experience.

Six C.N.A.'s successfully completed the twelve-week post-graduate course in psychiatric nursing, and ten R.N.'s successfully completed the twenty-six week post-graduate course. The staff of the Nursing Education Department participated in 26 conferences, lectures, and films for a total of 46 attendances.

The Director of Nursing Education is responsible for the Nurses' Residence, providing accommodation for a number of Dartmouth Vocational Students, student nurses and some resident staff members. The highest daily occupancy was 114 and the lowest 26 (primarily during July-August.)

Pastoral Care

The staff providing pastoral care remained the same during the year covered in this report allowing them to carry out their day-to-day ministry to patients throughout the hospital.

During this period several programs were initiated to build a bridge between the Nova Scotia Hospital and area clergy in order to effectively minister to patients moving between the hospital and community.

In September the Chaplaincy Advisory Committee was formed; the committee being made up of three members representing the hospital, three members representing the area clergy, and two lay persons. The committee met on a regular basis and prepared a self study of the Supervised Pastoral

Education Program conducted in the Nova Scotia Hospital.

On March 8, 1984, the Chaplaincy Advisory Committee hosted a workshop for clergy from the greater Metro area. This was an introductory/exploratory gathering aimed at bringing the clergy and hospital clinicians together in their efforts to serve persons who have psychiatric and emotional problems. The initial meeting of some 50 participants was successful and suggested the need for follow-up workshops.

From September to December nine Deacons from the Halifax/Dartmouth area were involved in a pastoral visitation program throughout the hospital. Each week they attended didactic seminars and visited patients.

During the year 16 students completed courses in Clinical Pastoral Education at the Nova Scotia Hospital.

Pharmacy Services

Hospital Pharmacy:

Staff of the Pharmacy Department at the beginning of the year consisted of the Director, two registered pharmacists, one pharmacy technician and one part-time clerk. One pharmacist resigned during the year and was replaced. A pharmacist was recruited late in the year and remained on staff after the summer session on a part-time basis. To fulfill commitments made regarding the costing of drugs and for the implementation of a patient profile system, the part-time clerical position was given full-time status. During the year, an additional pharmacist position was approved and the incumbent began work in January.

The Pharmacy Department supplied 43,335 items to hospital units, including the Day Hospital, and filled 2,763 prescriptions through the Out-Patient Department.

The Pharmacy and Therapeutics Committee continued to be active throughout the year. Many protocols on drug therapy previously adopted were reviewed and up-dated where necessary. The hospital formulary continued to be revised regularly and appears to adequately fulfill its intended purpose.

The Hospital Pharmacy Residence Program was maintained with two residents assigned to the department for a two-week period. Feedback from the University, the sponsoring hospitals, and from students themselves on this portion of their training has been most favourable and is evident in that

we now have two graduates of this program on our hospital staff.

New projects began late in the year included the initiation of a composite in-hospital patient profile system. While only at the initial stages of development, this system, when fully operational, will provide a complete medication history of each patient.

A costing system for all drugs supplied throughout the hospital was initiated in March and will become a regular function of the department in the future.

Education programs for physicians, nurses, C.N.A.'s and others were carried out and resource material was supplied as requested.

New projects presently being considered include pharmacology lectures and patient education sessions (in conjunction with nursing staff), and pharmacy participation in clinical rounds.

Pharmacy Services Department:

In addition to the Director, this department consists of one chief clerk, one clerk-typist, one computer terminal operator, and three storemen.

The department handles the purchase and distribution of pharmaceuticals to other hospitals, nursing homes and associated agencies. During the fiscal year 7,839 orders were received and filled with a total sales value of close to \$9,000,000.00.

This program has grown beyond its initial projections in terms of volume of work, space and staff, and will require review in the near future.

Psychology Department

In April 1983 the Psychology Department consisted of the Director, three psychologists, three psychologists (candidate register), two psychological technicians, and a secretary. The only departure during the year was Murray Dyck, M.A., psychologist (candidate register) in February 1984. Joe Gabriel, Ph.D., psychologist, joined the staff in May 1983 and Don Cormier, B.A., psychological technician, joined in August 1983, permanent half-time, on a job sharing basis with Margaret O'Hara, B.A. In March 1984, Vicky Lennen, Ph.D., psychological technician, provided temporary half-time services and Don Cormier worked an additional half-time on a temporary basis. Excluding the secretary the overall staffing level for the year

was 9.75 (F.T.E.), the third successive year of increase and the highest level ever achieved in the department.

The improvement in staffing level and in staff turnover (the lowest level in the last 14 years) compared to immediately preceding years has enabled further substantial increases in the level of clinical services provided by the department. Continuing the pattern of the preceding year, the more striking increases occurred in direct clinical services of the department, particularly individual and family therapeutic work. After the increase of last year, the number of formal referrals registered through the department did not increase; however, it should be noted that several areas of direct service such as in-patient group psychotherapy, group/routine psychological testing, prime therapist functions, and occupational health services are not recorded in this way. The continued increase in psychological services with increased staff is consistent with the abundant evidence for continued greater need for services and an increase in staff to an appropriate level.

Reviewing the figures for direct services in more detail: there was a continued large increase in individual therapeutic services, many provided on an out-patient basis, with a 54% increase in the number of clients carried in therapy in an average month and a 48% increase in the number of hourly therapeutic sessions. Consideration of these figures in relation to the referral rates noted above suggests that clients are typically being carried longer in therapy. Certainly, many clients have severe and long-standing problems, for example incest and suicidal behavior, requiring intensive effort of considerable duration. This is apparent in a new service developed on a small scale over the year, that of behavioral medicine, taking clients with often long-standing physical health problems, including, especially, chronic pain and typically associated emotional problems, utilizing hypnotherapeutic methods of treatment.

Occupational health services, commenced the previous year, have shown a steady growth, with a greater focus on therapeutic activities, although necessarily remaining a small component of our overall clinical functions. There was a 12% decline in the number of group therapy sessions provided, still, however, maintaining the high level of recent years. Problems of support arose in attempts to develop out-patient group psychotherapy services; however, special purpose groups in areas such as assertiveness and stress management, and general unit-based group therapeutic services have continued. Family/couples sessions increased by 60% to the highest level recorded although remaining a relatively small component of overall therapeutic services. The number of time-intensive psychological assessments involving the use of psychological tests remained unchanged after the increases of recent years, as did group testing services.

Turning now to indirect services: there was a marked (32%) increase, to the highest level recorded, in the number of hours of consultation (including team meetings), supervision and training provided to staff involved in clinical programs and services. There was a smaller (16%) increase in the number of clients served by these programs and services, reflecting a greater overall intensity of involvement in indirect service functions. The major areas of focus have continued to be the special service units and services. However, for the first time in several years, there has also been an increase in indirect service involvement with the general service units. This involvement takes different forms on different units, and includes such function as community meetings of all patients and unit staff as well as milieu groups of patients and staff, consultation services to unit staff, development of a community resources centre on one unit, meetings with nursing staff around issues of clinical programming and case management, and use of the Problem Oriented Record approach to revamp team meetings. This increased involvement has been made possible by increased staff levels but still faces limitations due to long-standing counter-therapeutic factors operating to a greater or lesser degree on these units.

Taking the special units and services in turn: Psychological involvement has been maintained with the **Dartmouth Mental Health Centre** including participation in "think tank" planning sessions. Increases in direct therapeutic out-patient services formed part of the overall increases in direct services noted above. The **Day Hospital** has seen continued major psychological involvement especially through the treatment co-ordinator model, crisis intervention and group therapeutic involvement, including physical exercise and relaxation groups, and collation of statistics on service operations. Primary input into the **Forensic Unit** has continued to be through psychological assessment services, with a consolidation of the previously established change in direction toward more selective, intensive and individualized services. Additionally, there has been increased involvement at the level of team functioning and over-all milieu, provision of treatment services on the unit and post-remand involvement with the Lieutenant Governor's Review Board on behalf of patients, and a beginning study of the impact of psychological assessments. There have been several developments in the well-established behavioral programming services to **Unit N-3** (long-term psychiatric) including: development of an independent living program for pre-discharge patients with provision of part-independent living arrangements on the unit, increased community involvement, and problem-solving and cooking skills groups; initiation of a social club for chronic patients and conduct of a process group for unit nursing staff. **P.A.U.** (adolescent service) has seen a high level of psychological involvement following a period of disruption of services due to staff changes. This involvement was facilitated by part-time office location on the unit enabling intensive consultation to unit nursing staff, active

participation in team meetings, group therapy, and intensive involvement with certain adolescents. The long-established behavioral program on Unit N-12 (mental retardation) was maintained, including participation with the team in providing assessments and consultations for community agencies. There was a major training and supervisory involvement with a new program involving the hiring of students to work with residents over the summer period. The long-established behavioral programs on the **MacKay Unit** (children's services) have continued to undergo development and refinement.

Although limited by service commitments, within-hospital educational and training activities have been maintained over the past year. Participation has continued in the hospital's staff orientation program. Other educational activities have included involvement in training of R.N. post-graduate students and pastoral care students, psychology student visits from Acadia and Mount Allison Universities, presentation to students of the Maritime School of Social Work, participation in a presentation to visiting clergy, hosting a visit by Dr. Maxwell Jones, presentations at the academic rounds of the Dartmouth Mental Health Centre, and, for the first time in several years, submitting a presentation at the hospital's clinical conference. Members of the department have also taken a primary role in several other clinical conference presentations.

Involvement in consultative and educative functions to community agencies and groups has necessarily continued to be limited, with, however, a healthy diversity of activities. Active consultation has continued with local schools as part of the children's services. There have been regular community contacts through the mental retardation unit including involvement with regional residential services and consultation has also been provided to local group homes. Involvement has been maintained with the Cobequid Multi-Service Centre, including acting as agency representative on the co-ordinating committee. Educative and training activities have included a presentation on mental health to local school children, continued participation in the training program for developmental counsellors at the Nova Scotia Institute of Technology, presentations to psychology students at Saint Mary's University, provision of workshops on stress management to school teachers and a presentation on the same subject to the provincial nurses association. A small number of staff have continued to be active in teaching courses in psychology at local universities.

In addition to student visits and contacts, further links have been maintained with local universities through the departmental training committee in the early part of the year and, latterly, through the designated co-ordinator of training functions. The welcome reinstatement of departmental training funds leaves the way open for further development of student training func-

tions and steps are under way to formalize our training links with Acadia University. The department has also provided input to the continuing efforts to develop a doctoral program in clinical psychology at Dalhousie University. Professional development activities by staff members have included attendance at a variety of workshops/seminars, ranging from in-house to out-of-province on suicide prevention, sexuality and the handicapped, forensic psychiatry, schizophrenia, quality assurance, psychology and the law, ethics, phenomenology and psychotherapy; and attendance at annual meetings of the Canadian Psychological Association, American Orthopsychiatric Association, Association of Psychologists of Nova Scotia and the Nova Scotia Board of Examiners in Psychology.

Involvement in planning and organizational activities has continued at an active level. Representation on the Medical Records, Multidisciplinary Audits and Problem Oriented Records committees has been maintained. Involvement with the latter committee included participation in auditing and teaching functions. Outside the hospital, participation has continued on the policy/planning and research/evaluation committees of the Metropolitan Mental Health Planning Board, the ethics committee of the Association of Psychologists of Nova Scotia and the Organization of Administrators of Public Psychological Health Services. Submissions and other forms of input were provided over the past year to the planning committee of the Board of Management of the Hospital.

There have been further organizational changes within the Psychology Department, following the major review carried out the previous year, and reflecting in some degree the impact of the senior staff members who joined the department over the past year and a half. Departmental functions have been streamlined through a reduced frequency of staff meetings and delegation of certain coordinating functions to senior staff. Position descriptions for all psychology staff were updated and rendered consistent with the Psychologists Act of Nova Scotia. There has been little change in the physical resources of the department, apart from the creation of a much-needed waiting room for clients. In other respects, the year has been one of consolidation during a period of staff stability.

Social Work Department

The staffing complement in the Department of Social Work held at 17 over the past year despite escalating service demands. There were two social work staff resignations and replacements during the year.

In order to maintain a basic level of service to those units affected by the changes, social work functions were carried out by the designated alter-

nate workers during the recruitment, orientation and start-up phases.

Despite escalating workloads and a fixed staffing ratio, the department managed to preserve the team concept of staff deployment, yet respond to some newly emerging needs with some internal adjustments.

Some of these intermittent accommodations were as follows. One social worker from the Adolescent Services was assigned on a one-half time basis to duties on the Adult General Services, two departmental supervisors assumed some additional clinical duties as time permitted and need dictated, and the social worker in the Day Hospital was deployed on an ad hoc basis to the Dartmouth Mental Health Centre.

In January of this year a study of the department was undertaken by the Department of Health Consultant in Social Work. This was initiated at the request of the Medical Director to assess the efficiency and adequacy of staffing patterns to meet existing and projected service demands. The study was work intensive and lasted several weeks commanding a significant proportion of staff time.

Part of the study addressed the question of the high level of priority which the department assigned to its proposal to develop a case manager's position within the Dartmouth Mental Health Centre. This was aimed at co-ordinating both in-patient and community services for a group of identified chronic patients, and intended to interrupt the cycle of admissions and improve the overall quality of aftercare for this group. This proposal has been held in abeyance pending receipt of the results of the study.

General social work activities occurring on all units as part of the interdisciplinary team approach continued as usual. In addition to these, social workers were involved individually or as co-therapists in the initiation, development, and conduct of a variety of group therapies for patients and families, e.g. a parent training workshop, children's services, a women's support group, Dartmouth Mental Health Centre, and a series of ongoing therapy groups which form the basis of the program at the Day Hospital.

The Social Support Program for an identified group of chronic patients living in the adjacent community continued under the direction of the social worker, Dartmouth Mental Health Centre, assisted by two community volunteers. Group attendance averaged 30-45 participants weekly with a varying range of activities such as games, crafts, education sessions, field trips, and seasonal functions.

Similarly, on an in-patient basis, the department focused attention upon those patients housed in chronic care units and the unit for the development-

ally disabled. Care plans were reviewed and revised for each patient and there was increased interaction between the hospital and community in developing long range time-scheduled plans for those patients who could benefit.

Concurrent with these clinical activities, departmental staff held various offices on local and regional boards of those community organizations serving the post psychiatrically ill.

Some of the 15 organizations in which social work staff represented the interests of mental health care are as follows:

The Canadian Association for the Mentally Retarded
The Nova Scotia Red Cross Society
Women's Information and Referral Service
Friends of Schizophrenics
Mental Health Nova Scotia

In the area of professional social work linkages as well, the department, through delegated staff members, maintained official liaison with the Maritime School of Social Work, the Canadian Association of Social Workers, the Nova Scotia Association of Social Workers, and the Canadian Association of Social Work Administrators in Health Facilities.

The departmental administrative structure continued as established. Staff meetings were held on a regular monthly basis, with sub-committee meetings and peer group supervision continuing. Staff members continued to serve on strategic hospital committees such as P.O.R., Medical Records, and Clinical Department Heads, among others.

During the fourth quarter of the year, intra-departmental committees were established in Quality Assurance, Internal Audit and Accreditation, all of which are intended to mesh with their hospital equivalents.

In the area of staff development, major emphasis was placed upon further development of staff skills in family therapy. Two staff members received an Externship in Structural Family Therapy and one completed Level II of the Family Therapy course conducted by the Atlantic Child Guidance Centre. One staff member attended a continuing education program at Smith College, Mass. and one staff member received a B.S.W. during the year.

Departmental staff attended a variety of workshops and training sessions (both in the community and within the department) reflecting the eclectic practice styles and interests of the clinicians and in response to patient needs.

The following in-service programs were delivered to all staff:

- 1) Overview of Treatment Programs for the Alcoholic Patient
2. Function of the Office of the Public Trustee
- 3) Unemployment and Attendant Stresses
- 4) The Battered Woman
5. Clinical Aspects of Child Abuse
6. Community Residence Program, City of Halifax

Staff continued to provide professional consultations and presentations to the general community, community agencies, and schools on request. One member made a presentation to the Maritime Forensic Conference.

The department processed the classification of 204 patients and, based upon collective clinical observations arising from these activities, the department made representation to the Minister of Social Services Committee on Homes for Special Care on the particular needs of the post mentally ill.

Similarly, the department supported the Red Cross Homemaker's Brief respecting the needs for an expanded Home Care Program.

Three students from the Maritime School of Social Work and one from the University of Moncton received field placements and staff supervision during the year.

In addition to these, staff continued to provide orientation lectures, hospital tours, and other teaching on an ad hoc basis to those schools and community agencies requesting the service.

A process for ongoing performance evaluations for all staff was introduced, and revision of the Departmental Policy Manual was commenced.

The result of these activities was that at year end the department maintained its equilibrium while achieving some administrative and clinical developmental gains.

Staff Development Department

The Staff Development Department functioned during most of the past year with one co-ordinator, one training officer, and a full-time secretary. An additional half-time training officer was added in January.

The clinical departments accounted for the highest degree of program planning. One such program, the heartsaver program, was enhanced this year

by the use of rating scales allowing staff to better attain high standards of CPR training in the hospital.

The general orientation for all staff was carried out on a monthly basis and, during the fiscal year, 91 staff were oriented.

Administratively, the department completed a policy and procedures manual, a heartsaver performance checklist, several course evaluation instruments, and a staff development brochure.

Co-ordination of clinical placements for Nova Scotia Institute of Technology students was continued.

The Department continued to be available to all departments for assistance with software and hardware for educational and patient programs.

The Community Outreach Program remained active with the number of requests for programs, informative literature, and facilitators remaining consistent with previous years.

The staff of the department participated on various hospital committees, both clinical and administrative.

Volunteer and Public Relations Services Department

During the year, this Department which was formerly the Department of Volunteer Services undertook responsibility for Public Relations. Activities in this area included promotion of the Forensic Psychiatric Seminar, an interview with CBC television which resulted in approximately ten new volunteers, and the development of a brochure to attract the interest of potential volunteers.

Community involvement was maintained through speaking engagements. The Dartmouth East Lions Club donated video equipment and a monitor as a result of community contact.

A successful campaign for donations of Christmas gifts was also carried out.

The United Way Campaign was conducted through the department with proceeds slightly down from the previous year.

During the year, 134 people volunteered their time on behalf of the patients, contributing 4,118.5 hours. The monthly average was 53 volunteers

working in various capacities such as : companions, classroom aides and tutors, unit helpers, social club workers, clerks in the Apparel Shoppe and Gift Shop, and as shopping guides or apartment hunters.

The Apparel Shoppe served 1,075 patients with 3,990 articles of clothing, 1,587 personal care items and 239 tobacco products. The response to a press article concerning the need for used clothing was exceptional with many donations being received.

Our volunteers attended a workshop on their role in the hospital, with staff in attendance as presenters and resource people.

A "Volunteer Salute" was held during Volunteer Week to offer acknowledgement and support to our many dedicated volunteers.

Educational Services Department

The past year was a fairly encouraging one for the staff of the Educational Services Department. Efforts continued to update methods and materials in order to keep pace with the Public Schools system and with improvements elsewhere.

The number of students in the children's, N-12 and N-3 classrooms remained fairly stable in relation to previous years, with a large increase in the adolescent classroom. This increase was due to the make-up of the patient population on the Princess Alexandra (Adolescent) Unit.

In previous year, some adolescent patients, due to their medical complaints or medications, were unable to attend school and others were able to attend public school, leaving a fairly manageable group attending the in-hospital school. However, over the past year, the in-hospital group grew until it reached the ratio of 21 students for each teacher. This situation was relieved somewhat as the year progressed with the regular changing composition of the population through patient turnover, but the need for a second adolescent academic teacher was clearly demonstrated should the situation become the norm.

The department continued to maintain an excellent rapport with the public schools system enabling them to provide better service, both to the patients and the community. The departmental teachers spent a number of hours observing and participating in class in the Dartmouth School system in order to become more familiar with the methods and materials being used in their regular and special classes. This also provided a good opportunity

to inform the public school teachers on the range of services provided at the Nova Scotia Hospital.

The Director of Educational Services visited special education schools in the United States, notably Bancroft North in Owl's Head, Maine, and the Spaulding Youth Centre of Tilton, New Hampshire, and introduced some of their ideas and methods into our in-hospital school system.

Auxiliary of the Nova Scotia Hospital

The Auxiliary has continued to provide financial and valuable service to the patients of the hospital.

Membership is still low and it is hoped that 1984/85 will bring an increase, and even add to the important work the Auxiliary can do.

Meetings were held the first Tuesday of every month. The Auxiliary this year hosted the Bi-annual Zone Meeting of the Nova Scotia Association of Hospital Auxiliaries with 60 members from the area in attendance. The *Nova Scotia Hospital Anniversary Film* was shown at the meeting with great success.

The Annual Convention of the Nova Scotia Association of Hospital Auxiliaries was held at the Lord Nelson Hotel, hosted by the Auxiliary of the Victoria General Hospital. Four members of our Auxiliary attended the Convention.

The highlight of the year was the opening of the Auxiliary Gift Shop which has brought much pleasure to all the patients and visitors in buying a little something for their loved ones. Hundreds of dollars were raised for items to comfort the patients, and many volunteer hours were given each day to the Gift Shop to make this possible.

Many thanks are due, not only to the Auxiliary and staff members, but to all who helped the Auxiliary during the year to continue providing additional comforts for our patients.

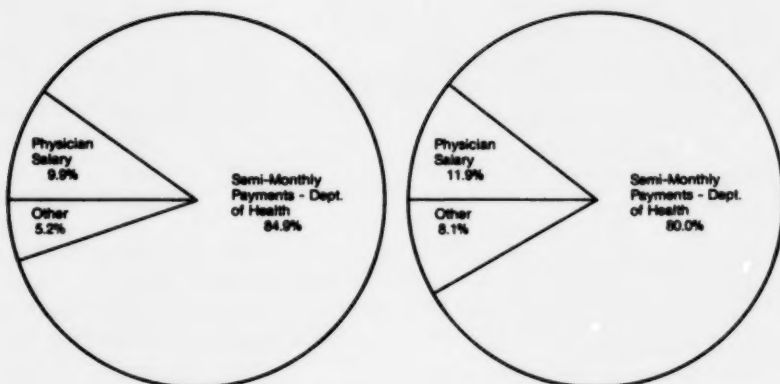
SELECTED STATISTICS

The following summarizes the year's activities, with comparison to the previous year:

	1983/84	1982/83
Number of patients in hospital at year end	364	396
Total admissions in year	2,157	2,158
Total number of informal (voluntary) patients admitted	975	853
Total number of formal (certified), Warrant, etc. patients admitted	1,182	1,305
Average patient census	367	368
Average no. of beds set up	412	417
Total patient days	134,262	134,506
Average length of stay (days)	53	50
Out-patient (community service) visits	13,366	10,065
Radiology examinations	2,734	3,081
Electroencephalographs	1,063	1,224
Electrocardiograms	755	878
Pathology tests performed in hospital	24,895	15,647
Pathology tests referred out	17,630	18,499
Items dispensed by the Pharmacy	43,335	45,879
Drug orders filled for other agencies	7,839	6,982
Meals served (staff and patient)	520,182	518,230
Laundry processed	1,496,800 kilograms	3,860,429 lbs.

Hospital Recoveries
For the Years Ending March 31, 1983 and 1984

Percentage Distribution of Revenue
 By Type of Recovery

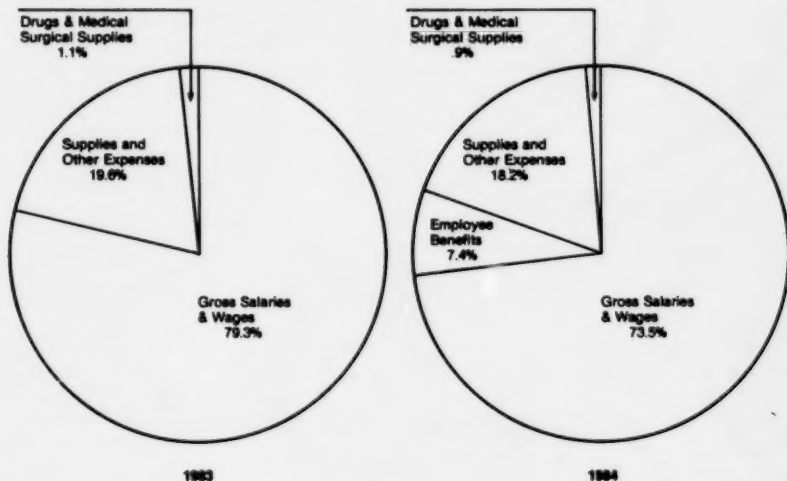


1984	
Other	
Uninsured Patient Days	.3%
Meal Recoveries	1.6%
Room Recoveries	.4%
Steam	1.2%
Services to Central	
Laundry	.9%
Metro Drug Dependency	.8%
Net Ancillary Operations	(.2%)
Other	.2%
	<u>5.2%</u>

1983	
	.3%
	1.1%
	.5%
	1.4%
	1.1%
	1.5%
	2.0%
	.2%
	<u>8.1%</u>

Hospital Expenditures
For the Years Ending March 31, 1983 and 1984

Percentage Distribution of Costs
By Type of Expenses

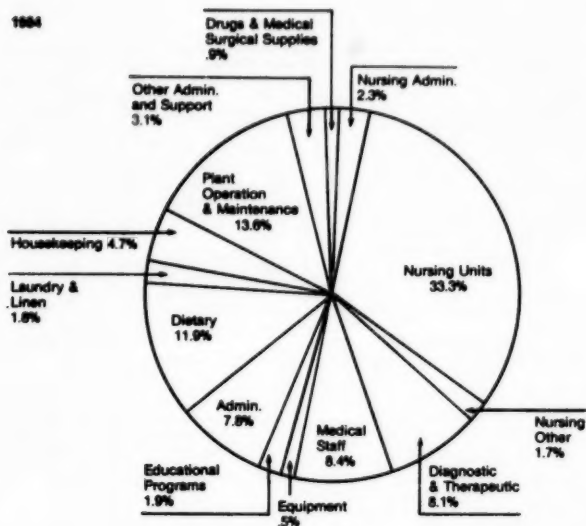


Note: Prior to April 1, 1983 Employee benefits were paid by the Department of Finance and not rebilled to Hospital.

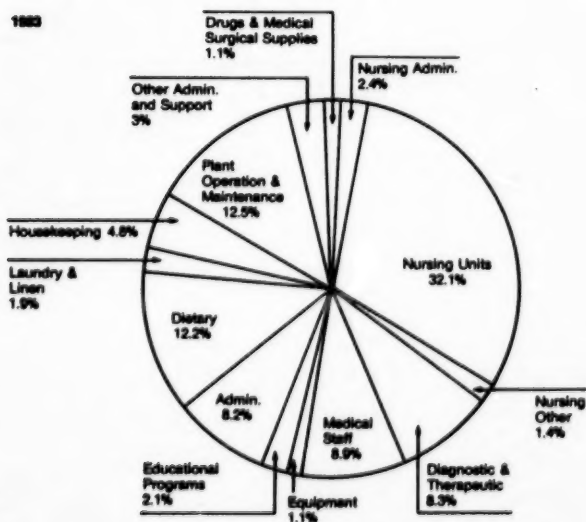
Hospital Expenditures For the Years Ending March 31, 1983 and 1984

Percentage Distribution of Costs
By Service

1984



1983



**DEPARTMENT OF HEALTH
NOVA SCOTIA HOSPITAL
PER DIEM COST
FOR THE YEAR ENDED MARCH 31, 1984**

	1984	1983
EXPENSES		
Total operating expenses per HS-2	\$33,286,380.00	\$28,937,530.62
Department of Government Services		
Insurance	28,843.83	26,387.01
Maintenance	242,280.63	78,869.06
	<u>271,124.46</u>	<u>105,256.07</u>
Increase (decrease) in allowance for doubtful accounts	(2,613.65)	15,314.00
	<u>33,554,890.81</u>	<u>29,058,100.69</u>
REVENUES		
Psychiatric Clinic		
Service charge	1,134.03	1,134.49
Drug recoveries	12,276.07	13,468.60
Rentals	925.00	870.00
Laundry		
Regular billings	1,504,513.20	1,787,378.75
Services to central laundry	282,826.00	202,387.00
Meals		
Affiliates	11,164.05	12,577.30
Cafeteria	168,315.18	160,403.10
Courtesy	36,650.31	31,915.61
Rooms		
Affiliates	2,974.50	3,051.85
Staff and others	45,669.19	52,101.06
Vocational students	43,751.10	45,681.80
Occupational therapy	3,336.16	2,826.98
Other	19,104.14	46,495.13
Metro Drug Dependency Commission	318,372.84	300,009.74
Drug sales		
Clinics, hospitals and homes	9,303,168.30	7,247,231.62
Service charges on drug sales	101,630.48	65,987.02
Nursing salaries	43.12	4,036.04
Sale of steam	260,848.53	257,732.46
Student tuition fees	8,000.00	9,750.00
	<u>12,124,702.20</u>	<u>10,245,038.55</u>
Net operating expenses	<u>\$21,430,188.61</u>	<u>\$18,813,062.14</u>
Patient Days	<u>134,262</u>	<u>134,306</u>
Per diem cost	<u>\$ 159.61</u>	<u>\$ 140.08</u>

I have examined the statement of per diem cost of the Nova Scotia Hospital for the year ended March 31, 1984. My examination included a general review

of the accounting procedures and such tests of accounting records and other supporting evidence as I considered necessary in the circumstances.

In my opinion, this statement presents fairly the per diem cost of the Hospital for the year ended March 31, 1984.

O.P. Cormier, F.C.A.
Auditor General

Halifax, Nova Scotia
September 30, 1984

REPORT OF THE MEDICAL DIRECTOR

A number of developments in clinical programs and services have occurred during this period and these will be highlighted before dealing with the main body of the report.

1. In another year of financial constraints, no new major treatment programs were initiated. However, a number of treatment programs have been reviewed and refined while others have undergone modest expansion.
2. The number of in-patient admissions was 2,157, slightly below the previous year. Overcrowding continues, especially on the Adult General Psychiatric Units where units were well over 100% capacity. This was due to two facts:
 - a) The Abbie Lane Memorial Hospital remained closed for completion of renovations and those patients who would ordinarily be admitted there came to this hospital.
 - b) The shortage of Social Service beds in the community and exclusionary criteria delayed the placement of patients once treatment was completed. This period of overcrowding, which has now lasted three years, continues to have an adverse effect on our staff as well as interfering with the therapeutic atmosphere in the hospital.
3. The average length of stay on our Adult General Units rose slightly from 44.2 to 45.2 days. This is a reflection of a further increase in the proportion of extended care patients in this hospital.
4. Although the Day Hospital continues to function at full capacity, the actual number of patients treated during the year dropped further, mainly because more patients required a longer stay than the usual six weeks. Patient referrals were for more chronic illnesses than acute ones or crisis situations.
5. In the Dartmouth Mental Health Centre and Community Mental Health Satellites, there is a continuing increase in the number of new patients entering the system as well as an increase in the actual total patient contacts by various staff members.
6. Despite continuing negotiations with the Attorney General's Department, we have, as yet, been unable to implement a system of assessing remand cases on an out-patient basis.

7. No further action has occurred with the Extended Care building because of financial restraints.
8. The problem of the non-compliant alcoholic remains unresolved. Two interdepartmental committees of this hospital and the Commission on Drug Dependency have met to address the problem but no recommendations have been forthcoming. During the past year, 254 persons were admitted with the diagnosis of primary alcoholism.
9. The recent expansion of our Psychogeriatric Program to provide consultation services to homes for the aged and nursing homes has been instrumental in providing care and treatment in those facilities and reducing the number of referrals for in-patient admission.
10. The Problem Oriented System of Patient Charting has been extended to include almost all of our in-patient units.
11. A three-day Forensic Psychiatric Seminar was organized by, and presented at, this hospital in October, 1983, as part of our 125th Anniversary celebrations. This was well attended with world-renowned speakers in attendance.
12. During the past year, there were two unfilled positions for psychiatrists, due to the country-wide shortage.
13. Studies are underway to establish crisis intervention capabilities on the in-patient services.
14. The hospital acquired two portable defibrillators and monitors to add to our emergency equipment.
15. The Children's and Adolescent Services participated in a province-wide youth services study (Barkow Report). The report acknowledged our valuable and unique features as an essential part of the youth services of the province.
16. This hospital's current policies comply with the requirements of the Young Offender's Act.

All of these changes noted have been instituted with only a slight increase in the professional staff complement. Psychiatric treatments and programs have kept pace with advancements in the field with increasing emphasis on providing out-patient services.

A continuing education program, co-ordinated by the Staff Development Department, has been expanding and now includes programs for all professional staff, using guest lecturers both from the metropolitan area and other academic centres.

This hospital continues to provide services to the Co-ordinated Education Program, sponsored by the Dartmouth School Board. This educational service provides invaluable assistance not only to the young people of Dartmouth but also to the patients of our Adolescent Service.

As of March 31, 1983, the medical staff consisted of 15 full-time and two part-time psychiatrists and six general physicians. Other part-time staff consisted of 14 consultants covering all the major specialities and three part-time dentists.

Dr. P. Flynn, from the Dalhousie Department of Psychiatry, continues to provide one session per week in a teaching and consultative capacity. His services have been a major asset in providing a very active continuing medical education program.

Many members of the medical and psychiatric staff participated in teaching programs. Medical students, internes, and residents in psychiatry and family medicine are trained in the field of psychiatry by the staff of this hospital. A wide variety of clinical material makes this hospital a unique training centre for such groups as well as for undergraduate student nurses from many hospitals of this province, clergymen, law students, university nursing students, and certified nursing assistants from the Dartmouth Vocational School.

To keep pace with new developments in professional fields, a number of our staff have attended special courses given by the local university and at other centres of teaching in more distant areas. Unfortunately, fiscal restraints are limiting staff training. It is hoped that this is a temporary state as continuing staff education is essential in providing a high level of patient care.

The medical staff continues to meet regularly to discuss hospital matters and advise on planning and treatment programs. Clinical conferences and grand rounds are held each week to review cases in a multidisciplinary setting. Weekly meetings to review journals and new books are also carried out by all professionals as a means of keeping abreast of developments in mental health care.

Six members of our psychiatric staff hold appointments at the Dartmouth General Hospital and provide a major portion of psychiatric coverage at that hospital. The facilities of the Dartmouth Mental Health Centre and out-patient services are also used for that purpose.

Community Services

STATISTICS:

There is a continued increase in the number of new patients entering the out-patient system of the hospital as well as an increase in actual total patient contacts by various staff members.

During the year, a standardized system of statistical collection was implemented throughout the province, hopefully making it possible to more accurately compare workloads at the various clinics.

As predicted in the previous annual report, the number of patients seen at the Satellite Clinics in our sector remains stable. This is likely to continue unless a change to more preventative types of services is offered by our staff. A survey of contacts at Camp Hill Psychiatric Out-Patients in 1983 reveals few patients from our satellite areas seen at that facility, indicating that the needs of the population are being met. In contrast, our Dartmouth Mental Health Centre, which sees non-sector patients, reveals a much larger number of patients seen by our staff from other clinic areas.

During the year, an increasing number of patients were treated as in-patients at the Twin Oaks Hospital at Musquodoboit Harbour and also the Eastern Shore Memorial Hospital in Sheet Harbour, rather than at the Nova Scotia Hospital, reflecting an increasing comfort level by local physicians with psychiatric patients and increased confidence in the availability of consultative backup by our clinic staff.

CLINICS	New Registrations	Patient Contacts	Cases Treated
Nova Scotia Hospital			
(Patients seen in General			
Adult Services as Out-Patients)	148	1,456	715
Clinic 1 - Sheet Harbour	29	131	118
Clinic 2 - Sackville	104	1,649	720
Clinic 3 - Musquodoboit Hbr.	79	555	301
Clinic 4 & 5 (Dartmouth			
Mental Health Centre-Sector)	317	6,971	2,953
Clinic 7 (Dartmouth Mental			
Health Centre - Non-Sector)	80	728	450

PROCEDURE AND POLICIES:

During the year, much effort was placed in drawing up various policies and procedures affecting out-patient practice in the hospital. A standard of clinic record-keeping for out-patient charts was drawn up and implemented. Out-patient charts are now audited regularly by the Medical Records Committee on the same basis as in-patient charts.

Policies were drawn up regarding staff health psychiatric referrals, as well as screening of non-referred drop-ins of the Admitting Department.

Preliminary steps were taken in liaison with Dr. Nigel Allison of the Psychogeriatric Service, to set up a pilot project to assess the psychiatric needs of the geriatric population in our catchment area.

STUDENTS:

The clinic system continues to serve as a centre for training of students from various health disciplines, including students from the Maritime School of Social Work, post-graduate nursing students and Family Practice residents, the latter having proved to be a valuable resource for general medical care of our patients as well as extra manpower for emergency and drop-in assessments.

Academic teaching sessions continue to be held weekly for students and staff.

PUBLIC RELATIONS:

During the year, various staff members participated in the 125th Anniversary celebrations, presented seminars to various public service groups, as well as participated in panel discussions and media events in the metro area. The clinic staff continue to present an on-going series of presentations during "Health Days", to the elementary schools in our area, as well as participate in various refresher courses organized by the Teacher's Union.

Dr. Joe Litven began a didactic therapy for a depression group and an assertiveness training group for out-patients. Paula Vickers continues to supervise our very successful Wednesday afternoon Drop-In-Coffee Hour and it is hoped to expand this service in the coming year.

In the coming year, we hope to expand the number of therapeutic group services available to out-patients, as well as more thoroughly review the services offered and implement more effective service delivery models.

Day Hospital

STATISTICS:

During the period of this report, a total of 133 referrals were made to the Day Hospital. Of those, 73 were admitted to the program, 27 were accepted for admission but chose not to attend, four were referred to in-patient care, four were referred elsewhere and 18 were inappropriate. At report time, seven referrals were still in the process of being assessed or were accepted but awaiting discharge from the in-patient service. Approximately 35 of those admitted would have required in-patient care and 20 others would have required a longer stay in hospital if there were not a Day Hospital

In the past two years, the average length of stay has increased from 6 - 8 weeks to 8 - 10 weeks and this seems to be related to the type of patient admitted and the severity of the illness. About $\frac{1}{2}$ of those admitted were experiencing their first psychiatric treatment episode and the initial assessment took longer to complete. It took longer for these patients to adjust to programming and, consequently, they were into the third or fourth week when they began to absorb the material presented. Every patient's progress is re-evaluated after six weeks and the team makes a decision to either discharge or extend their stay.

Dr. Thoppil Abraham resigned from the hospital staff on March 30, 1983, after two years as Director of the Day Hospital. Since that time, Dr. John Curtis has been providing coverage to the program and Dr. P. Flynn provided consultation services.

Linda VanOmme, Occupational Therapist, who resigned from the staff, was replaced by Margaret Fraser in July 1983.

GENERAL ACTIVITIES:

In February 1984, the Day Hospital brochure arrived from the printer and copies were sent to all general practitioners, private psychiatrists and other agencies in the community. It is hoped that this will increase the appropriate referrals received at the Day Hospital.

The Day Hospital team have made two presentations at the Clinical Conference during this year. They were well received by other disciplines in attendance.

Once again, this year we provided clinical experience for the Registered Nurses enrolled in the Post-Graduate Psychiatric Nursing course. Each

student spent a two-week period with us from November 1983 to February 1984. Degree nursing students from St. Francis Xavier University also obtained clinical experience at Day Hospital from May to June, 1983.

Children's Services

The following statistics and comments summarize the therapeutic activities on the Children's Service:

Age on admission	1983/84	1982/83
5 years	1	0
6 years	2	2
7 years	5	6
8 years	5	2
9 years	0	0
10 years	2	2
11 years	5	3
12 years	7	3
13 years	7	4
14 years	0	3
MEAN AGE	10.6	10.6
STANDARD DIVIATION	2.8	2.6

Thus, although the intent was to cater for an older population of children this year, this has not been reflected in that statistics. There are still two noticeable age peaks, one at 7-8 years and another at 13 years. The two populations are well served by the two different wings with programs tailored to meet the two different age groups.

SOURCES OF REFERRAL:

	1983/84		1982/83		1981/82		Totals	
	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.
Dartmouth	15	12	13	12	9	13	37	37
Halifax	7	6	5	6	7	5	19	17
Halifax County	5	4	2	2	2	2	9	8
METRO								
SUBTOTAL	27	22	20	20	18	20	65	62
Colchester Co.	3	2	2	0	1	1	6	3
Antigonish Co.	2	1	1	1	0	0	3	3
Cape Breton	4	3	2	1	1	0	7	4
Hants Co.	2	1	1	1	0	0	3	2

	1983/84		1982/83		1981/82		Totals	
	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.
Lunenburg Co.	0	0	3	1	1	1	4	2
Cumberland Co.	2	2	1	1	0	0	3	3
Guysborough	0	0	0	0	1	0	1	0
Kings Co.	2	1	0	0	2	1	4	2
Pictou Co.	0	0	0	0	2	0	2	0
Shelburne Co.	1	0	0	0	0	0	1	0
Yarmouth Co.	0	0	0	0	1	1	1	1
OUTSIDE								
METRO	16	10	10	5	9	4	35	20
TOTALS	43	32	30	25	27	24	100	82

These figures illustrate the large area from which patients are drawn throughout the province, and how metro assessments are more likely to result in admission. This latter result is largely due to the lack of local expertise in dealing with lesser degrees of disturbance which leads to less understanding of which children may be best helped by our program, and thus less appropriate referrals.

Length of Stay	1983/84	1982/83	1981/82
Days	230	259	186
Standard Deviation	193	273	N.A.

The mean stay has become less, with a smaller standard deviation. It does not look as if much further reduction in the length of stay may be seen until there are alternative residential facilities for those children with long-standing conduct disorders and who do not respond enough to our program to return to their communities.

Diagnoses:	1983/84	1982/83
Conduct Disorder	19	13
Attention Disorder Deficit	5	5
Adjustment Disorder	8	4
School Refusal	1	2
Overanxious Disorder	1	1
Totals:	34	25

The increasing preponderance of Conduct Disorder is noted, and it is equally notable how few admissions are for what might be more easily seen

to have good psychiatric reasons. It is hoped that alternative community facilities may be developed for those with more obviously social pathology.

Adolescent Services

In the past year, services were provided to an even larger number of adolescents and their families. More patients were assessed, admitted, and discharged. There were more out-patient visits than the previous years.

The average length of stay remained unchanged and would be shorter if it were not for the lack of appropriate facilities for community placements such as group homes, foster homes, or half-way houses.

The pattern of admissions remains unchanged with a high proportion showing serious problems of conduct. One change, however, was that there were more females than males.

Many conferences were held with community agencies for multi-problem cases to co-ordinate the treatment and after-care plans. Families and guardians were encouraged to take an active part in treatment and family therapy was provided wherever necessary.

The unit staff worked very closely with the Atlantic Child Guidance Clinic in Dartmouth and a number of patients were treated con-jointly with a very successful outcome.

TREATMENT PROGRAMS:

1. Individual treatment programs are developed during team meetings which are held several times each week.
2. A variety of group therapies were provided and these are noted below:
 - a) We have continued the work/leisure groups, life planning groups, relationship groups and meal preparation activities with assistance of the Occupational Therapy Department.
 - b) Family therapy groups were initiated during the past year.
 - c) Several concurrent groups are offered related to substance abuse such as Alateen, Alcholoic Anonymous and drug and alcohol group discussion, assistance being provided by the Commission on Drug Dependency.

3. **Out-patient Clinic** - A very active program is provided mostly on Fridays when a number of individuals receive post-discharge treatment.
4. **Pre-admission Assessments** - Regular out-patient assessments are done three times each week and emergencies at other times. All admissions to the unit are pre-screened and this is the main purpose for this activity. Approximately 80% of those assessed are admitted to the service. In other instances, alternate plans are recommended.
5. **School Program** - Seventy-five percent (75%) of adolescents attend the school program both in the hospital and in the Dartmouth School system. This is an integral part of the treatment and activity program for this group.
6. **Socialization and Recreational Programs** - Regular activities involve the use of the gym, swimming pool and recreational activities in community centres. The weekly teen night was one of the most popular programs. During the summer, patients went to Camp Victoria, and through the winter, selected groups went for a ski trip to Wentworth Valley. These activities help to normalize the patient's stay in hospital as well as teaching normal socialization skills which so many lack.

Conjoint children and adolescent administrative meetings are held throughout the year every two months to deal with the solution of common problems. A major deficit in their program involves the lack of work placements, for adolescents need to become involved in meaningful work, to develop confidence in their rehabilitation period.

Because there is a province-wide lack of appropriate facilities for adolescents in crisis, a great deal of pressure is placed on this service to admit adolescents in such situations. Brief periods in hospital have been of assistance in such situations.

STATISTICAL DATA:

Patients assessed from outside the hospital	124
Patients assessed from adult units	59
Total assessments	183
Admissions to the Princess Alexandra Unit full-time	128
Transfers from other units	8
Discharges from Princess Alexandra Unit	123
Daycare in Princess Alexandra Unit	8
Out-patient visits	152
Average Length of Stay	90 days

Psychogeriatric Services**A. IN-PATIENT SERVICES:**

Over the course of the year, 123 admissions were made to the care of the psychogeriatric services, and 121 discharges were completed.

Analysis of data on discharged patients reveals the following statistical information:

1) Source of admission and placement on discharge:

Admitted from:	No.	% of total	Discharged to:	No.	% of total
Home (own or relatives)	50	41.3	Home	31	25.6
Home (for special care)	37	30.6	Home for Special Care	48	39.7
DVA (domiciliary care)	4	3.3	DVA	3	2.5
Adult Residential Centres	2	1.6	ARC	2	1.6
General Hospital	24	19.8	General Hospital	12	9.9
			Community Hospital (Extended Care)	1	0.8
			Psychiatric Hospital (other province)	1	0.8
Regional Rehabilitation Centres	4	3.3	R.R.C.'s	18	14.8
			Deaths	5	4.1

2) Age and Sex Distribution:

	No.	% of total	Age Range	Mean Age
Male	63	52	50 - 92	74.8
Female	58	48	51 - 90	74.1
				74.5

3) Reason for referral to hospital:

	No.	% of total
Aggression	42	34.7
Confused Wandering	25	20.6
Agitation/Restlessness	12	10
Deluded Depression	13	10.7
Paranoid Thinking	10	8.3
Apathy	5	4.1
Poor Judgment	4	3.3
Excited Behavior	3	2.5
Suicidal	2	1.7
Others	5	4.1

4) Psychiatric Diagnoses:

Organic Psychoses	No.	% of all Discharges
Senile Dementia - Simple Type	) 23	
Senile Dementia with toxic confusion	) 1	27%
Presenile Dementia	) 5	
Dementia - Senile & Arteriosclerotic	) 4	13%
Dementia - Arteriosclerotic only	16	
- Methylhydrate poisoning	2	
(same patient discharged twice)		
Post-Subdural	1	
Post-Anoxia	1	
Post-Subarachnoid	1	
Post-Traumatic	1	
Totals:	55	45%
Alcohol Related Disorders		
Delirium Tremens	2	
Korsakoff Psychosis	2	
Alcoholic Dementia	5	
Alcoholic Hallucinosi	2	
Alcoholic Dependency Syndrome	5	
Organic Personality Syndrome - Alcoholic	1	
Totals:	17	15%
Toxic Confusional State		
(Delirium)	9	7.4%
Schizophrenia		
Catatonic (Acute & Chronic)	1	
Chronic Paranoid Type	2	
Totals:	3	2.5%
Paranoid States		
Acute Paranoid State	3	
Paraphrenia	1	
Totals	4	3.3%
Affective Psychoses		
MDP - Depressed	17	
MDP - Bipolar	2	
Totals:	19	15.7%

Neuroses

Depressive	6
Anxiety	1
Agoraphobia	1

Adjustment Disorders

Depressed Type	10
Conduct	1

Depression NEC	1
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Totals:	20	16.5%
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Personality Disorders

Paranoid Type	4
Asthenic	1
Dependent	2
Schizoid	1
Histrionic	1

Totals:	9	7.4%
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Non-Psychotic Organic Brain Syndrome

Frontal Lobe Syndrome	4
Other Types - Personality & Affect	5
Benign senescent forgetfulness	2

Totals:	11	9.1%
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Mental Retardation	1	0.8%
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No Psychiatric Disorder	3	2.5%
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Some patients had more than one major psychiatric diagnosis, thus the total is more than 100%.

5) Associated Medical Illnesses:

The number of discharged patients with medical illness requiring treatment or evaluation is indicated according to system as follows:

	No. of Patients
Cardiovascular	73
Gastrointestinal	18
Respiratory	24
Neurological	24
Genitourinary	21
Endocrine	26
Ophthalmological	23
Musculo-skeletal	21
Dermatological	20
Haematological	13
Breast	3
Miscellaneous	20

In all, 113 of the discharges had at least one major medical disorder. Eighty-five (85) patients had illnesses involving three or more systems (including psychiatric disorder); i.e. 70% of patients discharged could be considered to suffer from multi-system disease. This serves to highlight the need for very extensive general medical and nursing care, and the considerable complexity of physical-psychiatric disorder in this group of patients.

6) Treatment Approaches:

- (a) Thorough biopsychosocial evaluation continues to be a major component of the treatment strategy. This is a complex and time-consuming approach but is essential for the correct identification of problems and is helped considerably by the team approach and by the current system of problem-oriented recording. Evaluation has been expanded recently by access to functional assessments carried out by the Occupational Therapist.
- (b) Physical treatment methods for both physical and psychiatric disorder continue to be the mainstay of treatment. Different medication approaches to the management of mood disorders and of aggressive behaviour in dementia are being tried.
- (c) Psychotherapy is utilized both consciously and unconsciously. The development of group activities by the Occupational Therapist has increased the psychotherapeutic modalities utilized.
- (d) The continuing-care referral form has received excellent reviews from institutions accepting discharged patients.

7) Other Activities:

- (a) On-unit education activities have been somewhat sporadic in the past year. However, a resurgence of interest in reality orientation has been stimulated by some film-strips obtained by Mrs. Taylor.
- (b) An ongoing research project to chart the long-term outcome for individual discharged patients is nearing completion. The assistance from Homes for Special Care in this project has been excellent.
- (c) A research project on affective disorder is slowly getting underway. Further research topics are under consideration.
- (d) A resident in psychiatry spent 6 month elective, two sessions per week, attached to the psychogeriatric team.
- (e) The unit director has maintained active contact with the local chapter of the Alzheimer's Society, and is now a member of the local executive of the Society.

B. OUT-PATIENT/CONSULTATION SERVICES:

Fifty-one (51) patients were seen during the year. In addition, 13 patients from the previous year are still being reviewed regularly at the time of this report.

Analysis of data on the 51 new patients reveals the following information:

1. Place of initial assessment:	No.	% of total
Home	3	6%
Homes for Special Care	44	86%
Nova Scotia Hospital	3	6%
Dartmouth General Hospital	1	2%

2. Number admitted to Nova Scotia Hospital	5	9.8%
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3. Age and Sex Distribution:

	No.	% of total	Age Range	Mean Age
Male	20	39%	50 - 87	76
Female	31	61%	51 - 91	78
	51	100%		77

4. Reason for consultation:		No.	
Withdrawn, unhappy		15	
Aggression		14	
Agitation		10	
Anxiety		2	
Pain/multiple physical complaints		2	
Mood swings		1	
Hypomania		1	
Wandering		1	
Noisy		1	
Acute confusion		1	
Not eating		1	
Obesity		1	
Assess competency		1	
5. Psychiatric Diagnosis:		No.	% of total
Organic Psychoses			
Senile Dementia - simple		11	
Senile Dementia - paranoid		2	
Senile Dementia with acute confusion		1	
Presenile Dementia		1	
Arteriosclerotic dementia		3	
Dementia 2° to physical illness (1 hypothyroid, 2 multiple sclerosis)		3	
Toxic Confusional State		1	
Totals:		22	43%
Affective Disorders			
MDP - Manic		1	
MDP - Depressed		2	
MDP - Mixed		2	
Totals:		5	10%
Neuroses			
Depressive Neuroses		7	13.5%
Adjustment Reactions			
Depressed Type		8	
Anxious Type		1	
Totals:		9	17.6%

Non-Psychotic Organic Brain Syndrome

Frontal Lobe Syndrome	3	
Personality change (other type)	1	
Totals:	4	8%
Depressive Disorder NEC	1	2%
No Psychiatric Disorder	3	5.9%

6. Medical conditions and treatment approaches have been similar to those outlined under in-patient services.

Forensic Services:

This unit continues to provide a comprehensive range of forensic services for the Province of Nova Scotia.

1. STATISTICAL DATA REGARDING ADMISSIONS:

There was a total of 118 admissions to the Forensic Unit, broken down as follows:

(a) Remands:

The total number of remands was 105. Of these, 94 were for 30 days, 3 for 21 days, 6 for 14 days, 1 for 7 days, and 1 for 1 day.

Ninety-five (95) of these remand cases were found fit to stand trial at the end of their observation period and 10 were found unfit.

(b) Lieutenant Governor's Warrants:

There were 7 new Lieutenant Governor's Warrants admissions during the period. Of these, 3 were placed on the Warrant because the court found them unfit to stand trial and 4 because of acquittal by reason of insanity.

During the period, 5 Lieutenant Governor's Warrants cases had their Warrants lifted and one was transferred to the Kings County Hospital.

One Lieutenant Governor's Warrant case died of drowning in the harbour shortly after the Warrant was lifted. The patient was scheduled to be transferred to the Halifax County Regional Rehabilitation Centre under the Hospitals Act. The death was ruled as suicide by the Medical Examiner.

On March 31, 1984, there were a total of 9 Lieutenant Governor's Warrants on the Forensic Unit.

(c) Commissioner of Penitentiaries Warrants:

There were 2 admissions in this category. Both of them were returned to the Penitentiary after adequate treatment.

(d) Certified from Correctional Centers:

There were no admissions in this category during the year.

(e) Voluntary Admissions:

There were 2 admissions in this category. One of these was admitted because the bail condition specified that the patient admit herself to the Forensic Unit pending her trial.

(f) Inter-Ward Transfers:

Two patients from other wards of the hospital were transferred to the Forensic Unit, 1 from N-16 and 1 from N-3.

(g) Absent Without Leave:

There was no abscondance from the Forensic Unit during the year. (There has been none since 1981).

(h) Out-of-Province Transfers:

There were no admissions in this category during the year.

(i) Authorization from Public Trustee:

We did not have to approach the Public Trustee for authorization for treatment on any patient during the year.

(j) Patients Converted to Civil Status:

Eight Remand patients were made Formal at the end of their Remand period. Charges were later dropped on 7 of these admissions. One was transferred to N-17.

Two Remand patients were made Informal at the end of the observation period. The charges were later dropped against both of these.

(k) Incompetent to Sign for Treatment:

Twenty-one (21) patients were considered incompetent, 4 of them because they were minors.

(l) Unit Occupancy Rate:

The average rate from April 1, 1983, to January, 1984 (the last month for which statistics are available) was 116.1%.

2. THERAPEUTIC PROGRAMS:

The following are regular unit activities: patient-staff meetings - twice weekly; social skills group - twice weekly; exercise groups - twice a day; nursing team conference - 1 per shift; multi-disciplinary team meetings - twice weekly; nursing staff meeting - 1 per month.

We have had very good cooperation from the Recreational and Occupational Therapy Departments. However, the number of slots allotted to the Forensic Unit are limited and this continues to be a problem in the rehabilitation of long-term patients in the Unit.

3. STAFF DEVELOPMENT
AND IN-SERVICE EDUCATION PROGRAMS:

The in-service seminars which had been a tradition on the Forensic Service for some time were curtailed because of other demands on the time and energy of the staff.

Members of the staff, both nursing and psychiatric, attended continuing educational activities in their field.

4. EDUCATIONAL AND CONSULTATION SERVICES
TO THE COMMUNITY AGENCIES AND INSTITUTIONS:

The Forensic Unit organized a forensic psychiatric seminar in October 1983. Eminent experts in both law and psychiatry from Nova Scotia as well as other provinces participated in the Seminar which was part of the 125th Anniversary celebrations of the Nova Scotia Hospital. The Forensic Seminar won plaudits from the psychiatric and legal community in the Atlantic Provinces.

The Director continues to act as Chairman of the Forensic Services Committee of the Metropolitan Mental Health Planning Board as well as serving on the Board of Directors of the Atlantic Institute of Criminology. The Correctional Service of Canada launched a study into the high incidence of suicide in the Atlantic prisons in 1982/83 and Dr. Akhtar was one of the five-member team which investigated this unusual phenomenon.

A number of students from educational institutions in Nova Scotia were involved in a training program on the Forensic Service. These were students in nursing, theology, law, and post-graduate programs in nursing.

5. PUBLICATIONS:

The Nova Scotia Forensic Psychiatric Bulletin, which resumed its publication in January 1983, had a very successful year. In addition to its regular quarterly issues, a special edition containing parts of the proceedings of the Forensic Psychiatric Seminar was published in November 1983.

The Clark Institute of Psychiatry completed the draft of its book entitled *Manual of Basic Forensic Psychiatry* to which Dr. Akhtar contributed a chapter on "The Psychiatric Assessment of Clients on Probation and Parole."

Adult General Services:

The eight Adult General Psychiatric Units, with a total of 234 beds, continued to operate at well above 100% capacity for another year, straining the reserves of staff and interfering with the provision of a high level of patient care.

A number of staff changes occurred on those services with interim assistance from Dalhousie University, which deployed Dr. Diane MacDonald for a six-month period.

Each of these units contains some 6 to 10 long-stay patients whose needs differ from those with shorter stays. There is a pressing need for construction of the Extended Care Unit mentioned earlier in the report for these patients.

The average length of stay on this Service increased slightly from last year (45.2 days). This is a reflection of the increasing numbers of extended-care patients.

Internes, Residents in Psychiatry and Family Practice, as well as affiliate undergraduate nursing students and student social workers have obtained training and clinical experience on these units.

Currently, there are 28 of these beds assigned to the immediate catchment area of the Hospital (Dartmouth and Halifax County East). A review of statistics indicates that double that number of beds are needed and plans are underway to re-allocate beds accordingly. In addition, a study is underway to establish crisis intervention capacity on the Adult General Psychiatric Units.

The therapeutic programs have been further refined, giving special emphasis to group therapy, early discharge, better utilization of community services, and to the after-care programs. A number of in-patients were referred to the Day Hospital as an intermediate level of care prior to returning full-time to the community.

Services for the Mentally Retarded:

This program has been further developed and is more closely integrated with related services throughout the province.

During the past year, there were two admissions and two discharges. Both numbers remain low because of the extreme shortage of beds for community placement (group homes). In an effort to accommodate requests for admissions, our treatment team has gone to many parts of the province to carry out assessments and provide these referring facilities with advice regarding care and management. Twelve such assessments were carried out and in all instances, benefits were derived and admissions avoided. Limited day care was also provided for a total of 5 patients at various times throughout the year.

We are grateful for the regular and valuable assistance received from the Hospital's Volunteers and the Canadian Association for the Mentally Retarded, who provide assistance in the school program, work activities, opportunities for bowling and other recreational activities as well as donations of gifts and money.

Department of General Medicine and Specialties other than Psychiatry:

The general medical care of patients in the Nova Scotia Hospital is provided by six full-time physicians with the assistance of an interne from the Dalhousie

University Medical School Program. In addition, 9 specialists provide consultation services on request.

During the year, all of our treatment regimes have been reviewed and updated. The emergency equipment was updated to include two portable defibrillators. The staff provide service to a 12-bed Infirmary Unit where 180 patients were treated with an average length of stay of 11 days.

The following examinations were carried out by the consultants:

General Surgery	222
Internal Medicine	124
ENT	26
Ophthalmology	181
Gynecology	46
Neurology	162

Admitting Department:

The current fiscal year has been a busy one with a total of 2,157 in-patient admissions:

Admission Statistical Data:

Year	Voluntary Patients	Certified Patients	Remands & Warrants
1981	1,015	1,044	120
1982	853	1,159	119
1983	961	1,089	117

The statistics continue to show a high proportion of certified patients. This is undoubtedly due to the continuing bed shortages and the practice of referring physicians who have the tendency to certify patients to increase their priority for admission.

The screening program instituted last year found alternate treatment for 201 patients.

Emergency admissions are made at all times and despite overcrowding, most elective patients were admitted within one to five days. Screening, in doubtful cases, was carried out with the assistance of the Dartmouth Mental Health Centre and the in-patient treatment teams.

Occupational Health Department:

This department has serviced an increasing number of staff members, not only in preventive services but in therapeutic measures. Pre-employment examinations and periodic re-examinations have been carried out on staff members employed in critical areas of the hospital.

Treatment of illnesses and accidents on duty was provided with appropriate referrals to family physicians and consultants. Promotional programs and displays, health education and participation in the orientation program were noted.

Statistical Data:

Visits to the Occupational Health Department	2,593
Medical Services provided	537
Medical Investigations	661
Immunizations	283
Tuberculosis Testing	120
Referrals to Employee Assistance Program	33

Dental Services:

Three part-time dentists employed 7 sessions per week, one full-time dental assistant and a full-time dental hygienist comprise the staff of this department.

Statistical Data:

Dental Services	1,172
Dental Hygienist Services	1,357

These services include surgical and restorative procedures, endodontics, prosthodontics and periodontics. In addition, a preventive program in dental education was carried out primarily on the Children's and Adolescent Services.

Diagnostic Services:**X-RAY DEPARTMENT:**

During this interval, 2,734 examinations were carried out for a total of 6,628 technical units and 9,230 radiological units.

The staff complement of this department consists of one part-time Radiologist and two part-time Registered Technicians.

ELECTROENCEPHALOGRAPH DEPARTMENT:

During this period, two part-time technicians carried out 1,063 examinations, 377 of which were for out-patients. Services to the Dartmouth General Hospital have remained stable and contribute extensively to our out-patient E.E.G. examinations.

ELECTROCARDIOGRAPH DEPARTMENT:

Electrocardiographs numbered 755, 37 of which were for out-patients.

LABORATORY:

The staff of this department consists of one full-time and one half-time technician as well as one full-time assistant.

The total number of tests carried out during the past year was 24,895. Tests numbering 17,630 were referred out.